

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4		2				
5		1				
6		/				
7		3				
8	/					
9		/				
10		2				
11		/				
12		/				
13		2				
14		2				
15		/				
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50						
TOTAL IND.	4					
TOTAL DEP.		36				
TOTAL CLAIMS		40				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						